

Image 12-04-03 1615
CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Luriya, Elena et al.

Docket No.

Serial No.

09/557,098

Filing Date

April 21, 2000

Examiner

G. Kishore

Group Art Unit

1615

Invention:

IMPROVED PERSONAL CARE FORMULATIONS

DEC 03 2003

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Docket No.

In Re Application Of:

Luriya, Elena et al.

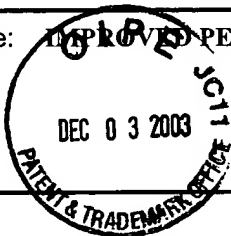
Serial No.
09/557,098

Filing Date
April 21, 2000

Examiner
G. Kishore

Group Art Unit
1615

Title: ~~IMPROVED~~ PERSONAL CARE FORMULATIONS



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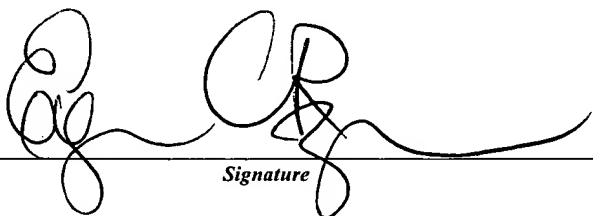
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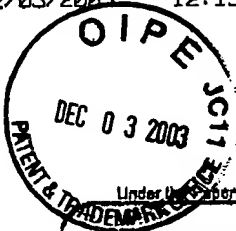
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Application Number	09/557,098
Filing Date	April 21, 2000
First Named Inventor	Luriya, Elena et al.
Art Unit	1615
Examiner Name	G. Kishore
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32381

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

32361

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

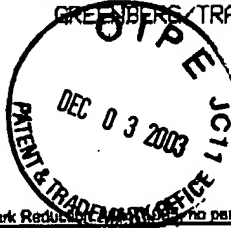
Name	Leonid Luriya		
Signature			
Date	12.3.2003	Telephone	972-8-9495829

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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Application Number	09/557,088
Filing Date	April 21, 2000
First Named Inventor	Lunya, Elena et al.
Art Unit	1815
Examiner Name	G. Kishore
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Please change the correspondence address for the above-identified application to:

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OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Elena Lunya		
Signature			
Date	12.3.2003	Telephone	972-8-9495829

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